



REQUEST FOR QUOTATION

QUOTE NUMBER: Q10.137

The Number Must Appear On All Quotations and Related Correspondence.

ALL BIDDERS MUST BE REGISTERED VENDORS ON THE CITY'S WEBSITE.
PLEASE REGISTER AT WWW.SAVANNAHGA.GOV.

Quotation must be received **NOT LATER THAN 1:30 PM**, on November 19, 2010 at the office of the Purchasing Director, 3rd Floor City Hall Bull & Bay Streets, Savannah, Georgia.

Address Reply To: Barbara Hayes, Buyer, 912-651-6426

Mail to: P.O. Box 1027 Savannah, GA 31402

Fax to: 912-651-6855

Email to: barbara_hayes@savannahga.gov

NAME OF BIDDER: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____ FAX: _____

EMAIL: _____ FED TAX ID #: _____

INDICATE MINORITY OWNERSHIP STATUS OF BIDDER (FOR STATISTICAL PURPOSES ONLY):

CHECK ONE:

_____ NON-MINORITY OWNED

_____ AFRICAN AMERICAN

_____ HISPANIC

_____ ASIAN AMERICAN

_____ AMERICAN INDIAN

_____ OTHER MINORITY

_____ WOMAN

The undersigned proposes to furnish the following items in strict conformance to the specifications and Request for Quote issued by the City of Savannah for this quote. Any exceptions must be clearly marked in the attached copy of specifications:

ITEM NO	DESCRIPTION	QTY	UNIT PRICE	TOTAL
1A	34" X 5 1/2" X 6' DOG EARED FENCE BOARDS – PRESSURE TREATED	2200 EA		
1B	3/4" X 5 1/2" X 6' DOG EARED FENCE BOARDS – CEDAR	2200 EA		

ITEM NO	DESCRIPTION	QTY	UNIT PRICE	TOTAL
1C	5/8" X 5 1/2" X 6' DOG EARED FENCE BOARDS – CEDAR	2200 EA		
2	4" X 4" X 8' PRESSURE TREATED POSTS 8' OC	140 EA		
3	2" X 4" X 8' PRESSURE TREATED RAILS	3300 EA		
4	80 LB BAGS QUICK CRETE	70 EA		
5	16P HOT DIPPED GALVANIZED NAILS – 1 BOX/4000 FOR NAIL GUN	1 BOX		
6	6P HOT DIPPED RING SHANK GALVANIZED NAILS – 1 BOX/5000 FOR NAIL GUN	3 BOXES		
7	GALLONS SOLID COLOR LATEX STAIN (to be applied to pressure treated wood) STANDARD COLOR WITH 20 YEAR WARRANTY – 5 GALLON BUCKETS	12 BUCKETS		
8	DELIVERY CHARGES	5 DELIVERIES		
<p>The items listed will be delivered to the Savannah Gardens construction site located along Pennsylvania Avenue. As there is no on-site storage available it is estimated that a minimum of 5 deliveries will be required each consisting of equal quantities of materials.</p> <p>Item # 1 has three options for types of fence boards – only one type will be ordered. Materials may be invoiced as materials are shipped/delivered.</p>				

TOTAL BID \$ _____

PAYMENT TERMS: PLEASE CHECK ONE AND FILL IN BLANKS

(Minimum of 10 working days must be allowed for discount to be considered in bid award)

____ Less ____% ____ Days Prompt Payment Discount (if offered)

(_____)

____ Net - 30 Days

(no discount offered)

- 0 -

TOTAL NET BID

\$ _____
=====

TIME REQUIRED FOR DELIVERY AFTER RECEIPT OF ORDER:

_____ **DAYS**

Please Print Name

Authorization Signature

Date

CONFIRM RECEIPT OF ANY ADDENDA ISSUED FOR THIS BID:

Addendum # _____ **Date** _____

Request for Quotation Instructions

1. All shipments are to be F.O.B. Savannah, GA unless exception is so noted.
2. Quotations subject to terms set forth herein, are requested on the following list of materials, supplies or services.
3. Please quote on this sheet in spaces indicated.
4. Quotes for materials, supplies, vehicles, and/or equipment must be accompanied by Brochures, or copies of detailed factory specifications, ratings, technical data, including accurate descriptions of the exact materials, supplies, vehicles and/or equipment for which bids are made.
5. All information required by request for quotation must be complete to constitute a proper bid.
6. The City of Savannah is exempt, by law, from any and all federal and state taxes. Do not include taxes in your quotations. Tax exemption number is **025-813-7809**. Exemption certificate will be provided upon request.
7. Price Protection Period of ninety (90) days for all items desired from date of bid opening. Vendors are advised that prices in effect at time of bid shall apply and not be subject to revision at time of shipment.
8. The City reserves the right to split this award by line item if deemed to be in its best interest.
9. Minority/Women Business Enterprise (MWBE) Policy: It is the policy of the City to provide minority and women owned business enterprises with equal opportunity for participating in selling goods and services to the City of Savannah.
10. **Local and MWBE Vendor Preference:** Bids will be evaluated in accordance with the City's Local and MWBE preference ordinance Section 2-4063 of Article E of the Code of the City of Savannah.
11. **Contractor Affidavit and Agreement:** As required under Senate Bill 529 – “Georgia Security and Immigration Compliance Act” of 2006, O.C.G.A. Section 2, Article 3 13-10-91, public employers, their contractors and subcontractors are required to verify the work eligibility of all newly hired employees through an electronic federal work authorization program. The Georgia Department of Labor has added a new Chapter 300-10-1, to the Rules and Regulations of the State of Georgia. (See http://www.dol.state.ga.us/pdf/rules/300_10_1.pdf.) The new rules designate the “Employment Eligibility Verification (EEV) Basic Pilot Program” operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security as the electronic federal work authorization program to be utilized for these purposes. The EEV/Basic Pilot Program can be accessed at: <https://e-verify.uscis.gov/enroll/StartPage.aspx?JS=YES>. Bidders shall comply with this new rule and submit with your bid the attached “Contractor Affidavit and Agreement

THIS IS NOT AN ORDER

PROPOSED SCHEDULE OF M/WBE PARTICIPATION

Name of Bidder/Proposer: _____ Bid No.: _____

Project Title: _____ Total Bid Amount \$ _____

Name of M/WBE Participant	Address	Type of Work Sub-Contracted	Subcontract Value	MBE/ WBE Status
			\$	
			\$	
			\$	
			\$	
			\$	

MBE Participation Value: _____ % \$ _____

Women Participation Total Value: _____ % \$ _____

The undersigned will enter into a formal agreement with the M/WBE Subcontractors/Proposers identified herein for work listed in this schedule conditioned upon executing of a contract with the Mayor and Aldermen of the City of Savannah.

Joint Venture Disclosure

If the prime bidder is a joint venture, please describe below the nature of the joint venture and level of work and financial participation to be provided by the Minority/Female joint venture firm.

Joint Venture Firms	Level of Work	Financial Participation

Signature: _____

Title: _____

Note: The Minority/Woman-Owned Business Office is available to identify qualified M/WBE's. Please contact the Office at (912) 651-3653. This form may be copied as needed. The City of Savannah has also posted a list of registered M/WBE's on its website @ www.savannahga.gov.

CONTRACTOR AFFIDAVIT AND AGREEMENT

Employment Eligibility Verification

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the City of Savannah has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the City of Savannah, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Savannah at the time the subcontractor(s) is retained to perform such service.

EEV / Basic Pilot Program* User Identification Number

BY:

Contractor Name

Date

Signature of Authorized Officer or Agent
Agent

Printed Name of Authorized Officer or

Title of Authorized Officer or Agent of Contractor

*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

* * * * *

Affidavit Verifying Status for City of Savannah Benefit Application

By executing this affidavit under oath, as an applicant for a City of Savannah, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract or other public benefit as reference in O.C.G.A. Section 50-36-1, I am stating the following with respect to my bid for a City of Savannah contract for _____. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1.) _____ I am a citizen of the United States.

OR

2.) _____ I am a legal permanent resident 18 years of age or older.

OR

3.) _____ I am an otherwise qualified alien (8 § USC 1641) or non-immigrant under the Federal Immigration and Nationality Act (8 USC 1101 *et seq.*) 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: _____ Date _____

Printed Name: _____

* _____

Alien Registration number for non-citizens.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

Notary Public
My Commission Expires: